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FORM D

SEC Mail Mail Processina Section

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

3DD 3 T 2008

Washington, DC

- 10ର

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, **SECTION 4(6), AND/OR** UNIFORM LIMITED OFFERING EXEMPTION

| OMB APPROVAL | | | | | | | |
|-------------------------|--------|--------|---------|--|--|--|--|
| DMB Numb | | | 35-0076 | | | | |
| Expires: Estimated a | July | 31,2 | 2008 | | | | |
| Estimated 8 | veraç | je bur | den | | | | |
| nours per re | espon: | se | 16.00 | | | | |

| SEC USE ONLY | | | | | | | | | |
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| Prefix | Serial | | | | | | | | |
| DATE RECEIVED | | | | | | | | | |
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| *** | |
|--|--|
| Name of Offering (check if this is an amendment and name has changed, and indicate change.) | |
| SimplyShe, Inc. offering of common stock | |
| Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) | ULOE |
| Type of Filing: New Filing Amendment | - |
| A. BASIC IDENTIFICATION DATA | - |
| 1. Enter the information requested about the issuer | |
| Name of Issuer (check if this is an amendment and name has changed, and indicate change.) | |
| SimplyShe, Inc. | |
| Address of Executive Offices (Number and Street, City, State, Zip Code) | Telephone Number (Including Area Code) |
| 1020 Kearny Street, San Francisco, CA 94133 | (415) 904-9914 |
| Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices) | Telephone Number (Including Asso Code) |
| Brief Description of Business The issuer produces content oriented products targeted towards women, infants and pets. | |
| Type of Business Organization | 08057133 |
| corporation limited partnership, already formed other (| PROCESSED |
| Month Year | R : WO O LOOLD |
| Actual or Estimated Date of Incorporation or Organization: 112 919 Actual Esti Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State | Mated AUG 0 6 2008 |
| CN for Canada; FN for other foreign jurisdiction) | THOMSON DEUTEDO |
| GENERAL INSTRUCTIONS | MOMOON KEUIEKS |

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

- ATTENTION -

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

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|---|-----------------------------------|--|----------------------------|------------------------|--|
| 2. Enter the information re | | | | | |
| | | | ed within the past five y | | |
| | | | | | of a class of equity securities of the issuer. |
| Each executive off | icer and director | of corporate issuers ar | nd of corporate general as | nd managing partners o | Partnership issuers: and |
| Each general and r | nanaging partner | of partnership issuers. | | | <u></u> _ |
| Check Box(es) that Apply: | Promoter | Beneficial Ow | mer 🗹 Executive O | fficer Director | General and/or Managing Partner |
| Full Name (Last name first, i Peevey, Maria | if individual) | | | | |
| Business or Residence Addre 2150 Hyde Street, #4; Sa | ess (Number an an Francisco, C | d Street, City, State, Z CA 94109 | ip Code) | | |
| Check Box(es) that Apply: | Promoter | Beneficial Ow | vner 🔽 Executive O | fficer Director | General and/or Managing Partner |
| Full Name (Last name first, Peevey, Michael | ıf individual) | | | | |
| Business or Residence Addre 72 Whalers Reach; Guala | | d Street, City, State, Z | ip Code) | | |
| Check Box(es) that Apply: | Promoter | Beneficial Ow | vner 🛭 Executive O | fficer Director | General and/or Managing Partner |
| Full Name (Last name first, Lim, Dale | if individual) | 1144.8.8 | | | |
| Business or Residence Addre 1531 Camden Avenue, # | ss (Number an 106; Los Ange | d Street, City, State, Z eles, CA 90035 | Lip Code) | | |
| Check Box(es) that Apply: | Promoter | Beneficial Ov | vner Executive O | fficer Director | General and/or Managing Partner |
| Full Name (Last name first, Bicker, Lisa | if individual) | | | | |
| Business or Residence Addre 1422 44th Street; Sacra | • | • | (ip Code) | | |
| Check Box(es) that Apply: | Promoter | Beneficial Ov | vnor Executive O | fficer Director | General and/or Managing Partner |
| Full Name (Last name first, Kantor, Rick | if individual) | | | | |
| Business or Residence Addre 5389 East Provident Driv | | | Lip Code) | | |
| Check Box(es) that Apply: | Promoter | Beneficial Ov | vner Executive O | fficer Director | General and/or Managing Partner |
| Full Name (Last name first, | if individual) | | | | |
| Business or Residence Addre | ess (Number an | d Street, City, State, 2 | Cip Code) | | |
| Check Box(es) that Apply: | Promoter | Beneficial Ov | ener Executive O | fficer Director | General and/or Managing Partner |
| Full Name (Last name first, | if individual) | | | | |
| Business or Residence Addre | ess (Number ar | nd Street, City, State, 2 | Lip Code) | | |

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

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| 1. | iias inc | issuer sold | . or does to | | | n, to non-a Appendix | | | | • | | C: | 2 |
| 2. | What is | the minim | um invecto | | | | | | | | | s 1,0 | 00.00 |
| ۷. | W Hat Is | the minnin | um mvesm | iciit that w | in be acce | pico nom | any morne | | | | , , , , , , , , , , , , | Yes | No |
| 3. | Does th | e offering p | oermit join | t ownershi | p of a sing | gle unit? | | ••••• | • | | | | X |
| | commis If a pers or state | ne informat ssion or sim son to be lis s, list the na r or dealer, | ilar remune ted is an as: me of the b | ration for s sociated pe roker or de | solicitation rson or ag caler. If m | of purchas ent of a brol ore than fiv | ers in conne ker or deale e (5) persoi | ection with or registere os to be list | sales of se d with the S ted are asso | curities in t SEC and/or | he offering with a state | | |
| Full | Name (| Last name | first, if ind | ividual) | | | | | | | | | |
| Busi | ness or | Residence | Address (N | lumber and | i Street. C | ity, State, 7 | Zip Code) | | | | | | |
| Nam | c of As | sociated Br | oker or De | aler | | | | | | | | | |
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| Full | Name (| Last name | first, if ind | ividual) | | | | | | ··· | | | |
| Busi | ness or | Residence | Addréss (? | Number an | d Street, C | City, State, | Zip Code) | | | | ·········· | <u> </u> | |
| Nam | e of As | sociated Br | oker or De | aler | | | | | | | | • ••• | |
| State | s in W | ich Person | Listed Has | Solicited | or Intends | to Solicit | Purchasers | | | | | · | |
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| Full | Name (| Last name i | irst, if indi | vidual) | | | | | | | | | |
| Busi | ness or | Residence | Address (1 | lumber an | d Street, C | ity, State, | Zip Code) | | | | | | |
| Nam | e of As | sociated Br | oker or De | aler | | ·· ············ | | | | · · · · · · · · · · · · · · · · · · · | | | |
| State | s in Wi | ich Person | Listed Ilas | Solicited | or Intends | to Solicit | Purchasers | | | | | | |
| | (Check | "All States | " or check | individual | States) | ******************* | | | | | ····· | ☐ Al | States |
| (| AL TL MT | AK IN NE SC | AZ IA NV SD | AR KS NH TN | CA KY NJ TX | CO LA NM UT | CT ME NY VT | DE MD NC VA | DC MA ND WA | FL MI OII WV | GA MN OK WI | MS OR WY | ID MO PA PR |

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C, OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

| • | sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. | | Amount Aiready |
|----|--|---------------------|----------------------------|
| | Type of Security | Offering Price | Sold |
| | Debt | | |
| | Equity | \$_552,000.00 | \$_552,000.00 |
| | Common Preferred | | |
| | Convertible Securities (including warrants) | | |
| | Partnership Interests | S | _ S |
| | Other (Specify) | | |
| | Total | \$_552,000.00 | \$_552,000.00 |
| | Answer also in Appendix, Column 3, if filing under ULOE. | | |
| 2. | Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." | Number | Aggregate Dollar Amount |
| | | Investors | of Purchases |
| | Accredited Investors | | \$ 552,000.00 |
| | Non-accredited Investors | | . S |
| | Total (for filings under Rule 504 only) | | s |
| | Answer also in Appendix, Column 4, if filing under ULOE. | | |
| 3. | If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1. | | |
| | Type of Offering | Type of Security | Dollar Amount Sold |
| | Rule 505 | · | \$ |
| | Regulation A | | \$ |
| | Rule 504 | | \$ |
| | Total | | \$_0.00 |
| 4 | a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. | | |
| | Transfer Agent's Fees | | \$ |
| | Printing and Engraving Costs | | \$ |
| | Legal Fees | _ | \$ |
| | Accounting Fees | - | |
| | Engineering Fees | - L | \$ |
| | Sales Commissions (specify finders' fees separately) | _ | • |
| | Other Expenses (identify) | - | s |
| | Total | ····· | c 0.00 |

| | C: OFFERING PRICE: NUMBE | R OF INVESTORS, EXPENSES AND USE OF PP | OCEEDS 1 | |
|------|--|--|--|--|
| | b. Enter the difference between the aggregate offering and total expenses furnished in response to Part C — Qu proceeds to the issuer." | estion 4.a. This difference is the adjusted gross | | \$552,000.00 |
| 5. | Indicate below the amount of the adjusted gross proce each of the purposes shown. If the amount for any periods the box to the left of the estimate. The total of the proceeds to the issuer set forth in response to Part C | ourpose is not known, furnish an estimate and epayments listed must equal the adjusted gross | | |
| | | | Payments to Officers, Directors, & Affiliates | Payments to Others |
| | Salaries and fees | |]\$ | s |
| | Purchase of real estate | |) \$ | s |
| | Purchase, rental or leasing and installation of machin | | 7.e | |
| | and equipment | _ | _ | _ |
| | Construction or leasing of plant buildings and facilit | _ | } 2 | |
| | Acquisition of other businesses (including the value offering that may be used in exchange for the assets issuer pursuant to a merger) | or securities of another | 1\$ | □\$ |
| | Repayment of indebtedness | _ | | _ |
| | Working capital | | | |
| | Other (specify): | _ | - | _ |
| | | |] \$ | □ \$ |
| | Column Totals | | s_0.00 | \$_0.00 |
| | Total Payments Listed (column totals added) | | □ \$ <u>0.0</u> | 00 |
| | | D-FÉDERAL SIGNATURES E VILLE | | AND THE STATE OF T |
| sign | issuer has duly caused this notice to be signed by the un lature constitutes an undertaking by the issuer to furnis information furnished by the issuer to any non-accred | dersigned du yauthorized person. If this notice is to the U.S. Seourities and Exchange Commiss | s filed under Ruiten | le 505, the following |
| Iss | er (Print or Type) | ignature | ate | |
| Sir | nplyShe, Inc. | | 6-18-08 | |
| Na | ne of Signer (Print or Type) | itle of Signer (Print or Type) | | |
| Dal | Lim C | chief Financial Officer | | |

- ATTENTION --

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

| | | E-STATE SIGNATURE | W. W. | ARRETT. |
|----------|---|--|-----------|--------------|
| 1. | | resently subject to any of the disqualification | Yes | No |
| | See | Appendix. Column 5, for state response. | | |
| 2. | The undersigned issuer hereby undertakes to f D (17 CFR 239,500) at such times as require | furnish to any state administrator of any state in which this notice is fed by state law. | iled a no | tice on Form |
| 3. | The undersigned issuer hereby undertakes to issuer to offerees. | furnish to the state administrators, upon written request, information | ion furn | ished by the |
| 4. | limited Offering Exemption (ULOE) of the st | suer is familiar with the conditions that must be satisfied to be entate in which this notice is filed and understands that the issuer claiming that these conditions have been satisfied. | | |
| | er has read this notification and knows the control horized person. | ents to be true and has duly caused this notice to be signed on its beha | If by the | undersigned |
| Issuer (| Print or Type) | Signature Date | | |
| SimplyS | she, Inc. | 6-18-08 | | |
| Name (I | Print or Type) | Title (Print or Type) | | |
| Dale Li | m | Chief Financial Officer | | |

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

| 第二章 | | | | AI | PENDIX | | | 有多数 | |
|------------|--------------------------------|--|--|---|--------------|--|--------|--|-------------------------------|
| 1 | Intend to non-a investor | to sell ccredited s in State -Item 1) | Type of security and aggregate offering price offered in state (Part C-Item 1) | 4 Type of investor and amount purchased in State (Part C-Item 2) | | | | 5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item !) | |
| State | Yes | No | | Number of Accredited Investors | Amount | Number of Non-Accredited Investors | Amount | Yes | No |
| AL | | <u></u> | | | | | | | |
| AK | | | | | | | | | ! |
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| CA | : | × | Common Stock \$552,000 | 2 | \$552,000.00 | | | | × |
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|-------|----------------------------------|--|--|--------------------------------------|--|--|--------------|--|----|
| 1 | Intend to non-ad investors | to sell ccredited s in State -Item 1) | Type of security and aggregate offering price offered in state (Part C-Item 1) | | Type of investor and amount purchased in State (Part C-Item 2) | | | 5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1) | |
| State | Yes | No | | Number of Accredited Investors | Amount | Number of Non-Accredited Investors | Amount | Yes | No |
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| 1 | 2 3 Intend to sell and aggregate offering price offered in state (Part B-Item 1) Type of security and aggregate offering price offered in state (Part C-Item 1) | | APP | 4 Type of investor and amount purchased in State (Part C-Item 2) | | | | | |
|-------|---|----|-----|---|--------|--|--------|-----|----|
| State | Yes | No | | Number of Accredited Investors | Amount | Number of Non-Accredited Investors | Amount | Yes | No |
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